



**APPLICATION FOR INSTRUCTOR'S LICENSE  
TRAFFIC VIOLATOR SCHOOL (TVS)**

FOR DEPARTMENTAL USE	
DATE PERMIT ISSUED	DATE PERMIT EXPIRES
TOTAL FEE	RECEIPT NO.
ISSUED BY	

**Fee—\$31.00 (Non Refundable)**

☐ **Original**    ☐ **Additional**    ☐ **Reinstatement**

**APPLICANT'S FOR ADDITIONAL LICENSE**

LIST CURRENT TVS INSTRUCTOR'S LICENSE NUMBER

**APPLICANT'S NAME AND ADDRESS (Type or Print)**

NAME	LAST	FIRST	MIDDLE
MAILING ADDRESS	NUMBER AND STREET	CITY	STATE ZIP
RESIDENCE ADDRESS	NUMBER AND STREET	CITY	STATE ZIP

**PHYSICAL DESCRIPTION:**

SEX	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT	BIRTHDATE
APPLICANT'S CALIFORNIA DRIVER LICENSE NUMBER					DATE LICENSE EXPIRES

**CERTIFICATION OF APPLICANT**

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

EXECUTED AT (CITY, STATE)	ON (DATE)	SIGNATURE <b>X</b>
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**EMPLOYING LICENSEE'S CERTIFICATION**

SCHOOL NAME (DBA)	LICENSE NUMBER
MAILING ADDRESS NUMBER AND STREET	CITY STATE ZIP

***I certify that I am the authorized representative of the employing licensee named herein. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.***

***I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

OWNER/OPERATOR NAME (PLEASE PRINT)	<input type="checkbox"/> Owner <input type="checkbox"/> Operator
EXECUTED AT (CITY) STATE	ON (DATE)
AUTHORIZED SIGNATURE <b>X</b>	



OL NUMBER

**FOR DMV USE ONLY**  
**TRAFFIC VIOLATOR—INSTRUCTOR CHECKLIST**

NAME		DATE
STREET	DL NUMBER	EXPIRATION DATE
CITY	ZIP	TELEPHONE NUMBER (      )

**— REVIEW EACH DOCUMENT FOR COMPLETENESS —**

REQUIREMENTS	INSTRUCTIONS	DATE RECEIVED
Fee: \$31.00	Attach suspense copy of automated receipt.	
App. for Instructor's License (OL 710) Personal History Questionnaire (OL 29)	Review. Must have all signatures. Call TVS unit if applicant answers yes on Personal History Questionnaire 4B thru 5.	
Request for Live Scan Service, DMV 8016.	Attach yellow copy of DMV 8016.	
Instructor Written Test	Minimum Score - 80.	
Driver Record - KSR-H6	Review for FTA's, FTP's or major violations. Attach KSR's.	
Proof of High School Grad. or Equiv.	Review. No copy required.	

**— EXAMINATION RESULTS —**

	DATE	1st TEST SCORE	DATE	2nd TEST SCORE	DATE	3rd TEST SCORE
Instructor Written Test						

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 Date Temporary Permit Issued
 

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 Permanent License No.
 

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 Date Permanent License Issued
 

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 Date License Expires
 

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